

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 4 1932

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

844

1. PLACE OF DEATH
 42 County Meru Registration District No. 347
 4 Township Clinton Primary Registration District No. 3018
 1 City Clinton (No. St. Ward) ...

2. FULL NAME George Price
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-3-1863</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>9</u>	DAYS <u>12</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sabarer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Missouri</u>	
	13. NAME <u>Joseph Price</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Susan Kuman</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
	17. INFORMANT (ADDRESS) <u>Charles H. Price</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebo</u> DATE <u>1-16</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Sims</u> <u>Clinton, Mo</u>		
20. FILED <u>1/15</u> 19 <u>32</u> <u>Ed C. Peeler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1932

22. I HEREBY CERTIFY, that I attended deceased from Dec 1 1931 to Jan 15 1932
 I last saw him alive on Jan 12 1932 Death is said to have occurred on the date stated above, at 9:4 m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? h
 If so, specify
 (Signed) Samuel H. Payne M. D.
 (Address) Clinton Mo

